Date: <u>Aug. 5,</u>	2024
Your Name:	Qiangqiang Xu
Manuscript Title:	Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients with
breast cancer: a s	systematic review andmeta-analysis
Manuscript numl	per (if known): GS-24-255

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Au</u>	g. 5, 2024					
Your Name:	Cong Liu					
Manuscript 1	itle: <u>Efect of physical</u>	exercise on postopera	ative shoulder mobil	ity and upper limb	function in	patients with
breast cance	r: a systematic review	andmeta-analysis				
Manuscript r	number (if known):	GS-24-255				

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Aug. 5,</u>	2024
Your Name:	Shuqi Jia
Manuscript Title:	Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients with
breast cancer: a s	systematic review andmeta-analysis
Manuscript numl	per (if known): GS-24-255

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: Au	g. 5, 2024				_
Your Name: _	Peng Wang				_
Manuscript T	itle: Efect of physical	exercise on postoperat	ive shoulder mobility and	upper limb function	in patients with
<u>breast cance</u> ı	r: a systematic review	v andmeta-analysis			
Manuscript n	umber (if known):	GS-24-255			_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: Aug. 5	, 2024
Your Name:	Qing liu
Manuscript Title	e: Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients with
<u>breast cancer: a</u>	systematic review andmeta-analysis
Manuscript num	nber (if known): GS-24-255

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:_	Aug. 5,	2024		
Your N	lame <u>:</u>	Feng Ding		
Manus	cript <u>Title</u>	: Efect of physical exercise	e on postoperative shoulder mobilit	y and upper limb function in
patien	ts with bre	east cancer: a systematic r	review andmeta-analysis	
Manus	cript num	ber (if known): GS	S-24-255	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: Aug.	. 5, 2024
Your Name:	Xiaochen Ma
Manuscript Tit	tle: Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients witl
<u>breast cancer:</u>	a systematic review andmeta-analysis
Manuscript nu	umber (if known): GS-24-255

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Aug. 5,</u>	, 2024
Your Name:	Yuxi Ren
Manuscript Title:	: Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients with
breast cancer: a s	systematic review andmeta-analysis
Manuscript numl	ber (if known): GS-24-255

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			•

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Aug. 5</u> ,	2024
Your Name:	Jianghua Zhu
Manuscript Title	: Efect of physical exercise on postoperative shoulder mobility and upper limb function in patients with
breast cancer: a	systematic review andmeta-analysis
Manuscript num	ber (if known): GS-24-255

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7	Support for attending meetings and/or travel	XNone	
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	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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None.			

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